

2002 CAMPAIGN CONTRIBUTIONS AND EXPENSES

State of Nevada

Kindred Healthcare, Inc. PAC

Name (print) Office (if applicable) District (if applicable)
 680 South Fourth Avenue Louisville, KY 40202-2412 502-596-7300
 Mailing Address (include city and zip code) Telephone No.

E-Mail Address

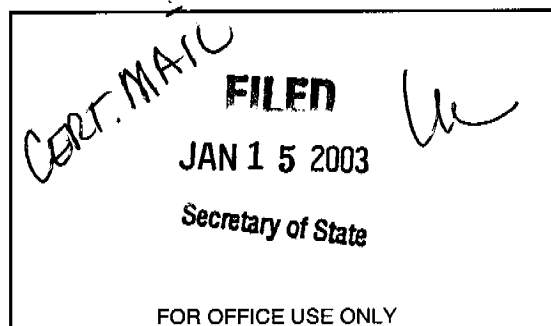
3 PAC 546

Select Appropriate Box(es) ☐ CANDIDATE ☒ PAC ☐ BAG ☐ POL PRTY ☐ IND EXP ☐ AMENDED

- ☐ **Report #1 - Due August 27, 2002**
 Office with a 2-year term Period: Jan. 5, 2001 - Aug. 22, 2002
 Office with a 4-year term Period: Dec. 20, 1998 - Aug. 22, 2002
 Office with a 6-year term Period: Dec. 6 1996 - Aug. 22, 2002
BAGs only: Period: Dec. 7, 2000 - Aug. 22, 2002

- ☐ **Report #2 - Due October 29, 2002**
 Period: Aug. 23, 2002 - Oct. 24, 2002

- ☒ **Report #3 - Due January 15, 2003**
 Period: Oct. 25 2002 - Jan. 3, 2003
BAGs only: Period: Oct. 25, 2002 - Dec. 5, 2002



BALANCE

This figure should reflect the balance shown on your last Disposition of
 Unspent Contributions Report, or last Contributions & Expenses Report, if any \$30,523.86

CONTRIBUTIONS SUMMARY

"Contribution" means a gift, loan, conveyance, deposit, payment, transfer or distribution
 of money or anything of value other than the services of a volunteer received. (NRS 394A.007)

- | | | |
|----|---|--------------------|
| 1. | Total amount of monetary contributions in excess of \$100 | <u>\$26,475.96</u> |
| 2. | Total amount of monetary contributions of \$100 or less | <u>\$928.50</u> |
| | Actual number of monetary contributions of \$100 or less | <u>179</u> |
| 3. | Interest and income earned on contributions, if any | <u>\$0.00</u> |
| 4. | TOTAL AMOUNT OF ALL MONETARY CONTRIBUTIONS (add lines 1 through 3) | <u>\$27,404.46</u> |
| 5. | Total amount of In Kind Contributions | <u>\$0.00</u> |

EXPENSES SUMMARY

- | | | |
|-----|--|--------------------|
| 6. | Total amount of monetary expenses in excess of \$100 | <u>\$3,700.00</u> |
| 7. | Total amount of monetary expenses of \$100 or less | <u>\$50.00</u> |
| 8. | Expense for filing fee | <u>\$0.00</u> |
| 9. | TOTAL AMOUNT OF ALL MONETARY EXPENSES (add lines 6 through 8) | <u>\$3,750.00</u> |
| | Remaining Balance (Subtract line 9 from 4) | <u>\$23,654.46</u> |
| 10. | Total amount of In Kind Expenses | <u>\$0.00</u> |

AFFIRMATION

I declare under penalty of perjury that the foregoing is true and correct.

David A. Hartlage
 Signature

1-15-03
 Date Executed On